## P0200018087

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SECRETARY OF STATE TALLAMASSEE, TLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Advanced Water Technologies, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dorlynne Maynor Name of Contact Person Advanced Water Technologies, Inc> Firm/ Company 80 SE 31st Lane Address Okeechobee, FL 34974 City/ State and Zip Code advancedwatertech@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dorlynne Maynor Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□**\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

P02000018087		Corporation (if known)		ing am	endment(s) t
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fa			ing am	endment(s) t
its Articles of Incorporation:		lorida Profit Corporat	ion adopts the follow	ing am	endment(s) t
A. If amending name, enter the new name o	f the corporation:				
•					
	<del>_</del>			Tl	
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional co	corporated" or the proporation name must	The abbrev st conta	iation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				15 JUN - 9	SECRETARY
D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent Dorl		s in Florida, enter the	e name of the	PII 12: 51	ED COF STATE EE FLORIDA
	(Florida street	•			
New Registered Office Address: 80 S	E 31st Lane, Okeechobe	<del></del>	, Florida		
	(C		A	Code)	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	Jade Conner	80 SE 31st Lane
Add			Okeechobee, FL 34974
XX Remove			
2) Change	<u>s</u>	Julie Conner	80 SE 31st Lane
Add			Okeechobee, FL 34974
XX Remove			JU!
3) Change	PD	Michael J. Maynor	80 SE 31st Lane
XX Add			Okeechobee, FL 34974
Remove			STATE LORIDA 2: 51
4) Change	VPD	Dorlynne C. Maynor	80 SE 31st Lane
XX Add			Okeechobee, FL 34974
Remove			
5) Change	T	Donald R. Maynor	80 SE 31st Lane
XX Add			Okeechobee, FL 34974
Remove			
6) Change	<u>s</u>	Andrea Maynor	80 SE 31st Lane
XX Add			Okeechobce, FL 34974
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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		<b>-</b> P	1.4
	·	2	;
an amendment provides for an exch	ange, reclassification, or cancellation of issued	shares, U	OR.
orovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself	<u> </u>	DA
(y not applicable, maleate 1971)			
		,	
		<u> </u>	<del></del>

	5/29/15		
The date of each amendment(s) addate this document was signed.	option:	_, if o	ther than the
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		, 3 <b>1</b> 0
"The number of votes cast t	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
. *	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	<del>5</del>	SEC
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	9- MUF	FII CHETAR AHASS
5/29/15			
Signature	rector, president or other officer – If directors or officers have not been	PH 12: 5	F STATE FILORIDA
	, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointe	ed fiduciary by that fiduciary)		
	Dorlynne C. Maynor		
-	(Typed or printed name of person signing)		
	Vice-President		
•	(Title of person signing)		